

**CONSULTATION**

**SITE: MCIH**

**COMPLETED BY: Ben Oteyza, MD 04/25/2011 2:27 PM**

**(For UM use only)**

**Criteria Source: M & R Interqual Other**  
**Criteria met: Yes No Deferred**

**Reviewer comments:**

**Recommendation for visit appointment:**

**# Visits:**

**UM Review #:**  
**Reviewer Name:**  
**Date Reviewed:**

*Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service necessary and appropriate.*

**NAME: POLING, STEVE**  
**NUMBER:**  
**D.O.B.: 01**

**WEXFORD 000108**

**CONSULTATION**

**SITE: MCIH**

**COMPLETED BY: Ben Oteyza, MD 07/25/2011 3:50 PM**

**Patient: STEVEN POLING**

**ID#: 354705**

**DOB: 07/15/1967**

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

*For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.*

**Procedure/Test Requested: MRI, c-spines vs: consult with orthopedics**

**Specialty Service Requested: Orthopedics**

**Signs & Symptoms:**

**Date of Onset:**

Has been complaining and evaluated for neck pains with radiation down the left arm. Had several x-rays of the spines in 2009 and 2010 with no significant findings to explain the complaints. This inmate likes to build body muscle and has good physique.

On exam, there was good movement of the neck, which he attributes to heavy use of ibuprofen 1200 mgm the morning visit.

**Failed Outpatient Therapies:**

Failed naproxen, muscle relaxant, indomethacin and neurontin.

**Comments** A negative MRI may give a definitive answer to patient's condition. May also consider referral and evaluation by orthopedist.

Inmate implying a suit if not resolved.

**Site Medical Provider: Ben Oteyza, MD**

**07/26/2011**

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**(For UM use only)**

**Criteria Source: M & R      Interqual      Other**  
**Criteria met: Yes      No      Deferred**

**NAME: POLING, STEVEN DP**  
**NUMBER: 354**  
**D.O.B.: 07/15/1**

**WEXFORD 000121**

**CONSULTATION**

**SITE: MCIH**

**COMPLETED BY: Ben Oteyza, MD**

**07/25/2011 3:50 PM**

**Reviewer comments:**

**Recommendation for visit appointment:**

**# Visits:**

**UM Review #:**

**Reviewer Name:**

**Date Reviewed:**

*Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service still necessary and appropriate.*

**NAME: POLING, STEVEN D  
NUMBER: 354  
D.O.B.: 07/15/1**

**WEXFORD 000122**

**CONSULTATION**

**SITE: MCH**

**COMPLETED BY: Emily Staub, PA**

**08/22/2011 8:58 AM**

**Patient: STEVEN POLING**

**ID#: 354705**

**DOB: 07/15/1967**

**3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):**

*For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.*

**Procedure/Test Requested: Evaluation**

**Specialty Service Requested: Neurology**

**Presumed Diagnosis:**

**Cervicalgia**

**723.1**

**HYPERLIPIDEMIA**

**272.2**

**Signs & Symptoms:**

**Date of Onset:**

43 y/o WM who reports pain in the left side of his neck that shoots down his left arm. He reports daily headaches well. He reports this pain is constant. He describes the pain as sharp. He reports an injury about 3 years ago he was kicked in the back of the head and neck. Dr. Oleyza reported the ortho consult was declined a couple months ago. reports ibuprofen dulls the symptoms. He reports neurontin, baclofen, indomethacin, and nortriptyline has not helped the past. He reports numbness and tingling in the left arm which is constant. He reports weakness in the left arm decreased grip strength. He reports he uses one arm to dress, shower and feed himself because of the pain and weakness in the left arm.

Exam - FROM of the cervical spine noted with tenderness, no spasm; upper ext muscle strength is 4/5 on the left 5/5 on the right, no muscle atrophy noted; unable to fan 3rd, 4th and 5th fingers in the left hand; sensation is decreased on the left when compared to the right, reflexes normal

**Lab & Xray Data:**

8/4/10 C Spine interpretation: There is no evidence of an acute fracture, dislocation or subluxation. Concave inferior and superior end plates of C3-C7 unchanged. Alignment intact.

**Site Medical Provider: Emily Staub PA**

**08/22/2011**

**Copy this form and paste in an email and send form to designated reviewer**

**NAME: POLING, STEVEN DP  
NUMBER: 354  
D.O.B.: 07/15/1**

**WEXFORD 000129**

**CONSULTATION**

**SITE: MCIH**

**COMPLETED BY: Emily Staub, PA 08/22/2011 8:58 AM**

(For UM use only)

Criteria Source: M & R      Interqual      Other  
Criteria met: Yes      No      Deferred

Reviewer comments:

Recommendation for visit appointment:

# Visits:

UM Review #:  
Reviewer Name:  
Date Reviewed:

*Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If serv not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if serv still necessary and appropriate.*

NAME: POLING, STEVEN DA  
NUMBER: 354  
D.O.B.: 07/15/1

**WEXFORD 000130**

**ADDENDUM TO ENCOUNTER**

**SITE: MCH**

**COMPLETED BY: Emily Staub, PA 08/25/2011 6:51 AM**

The consult was discussed with utilization management on 8/24/11 and the decision was made to refer to PT instead of Neurology.

NAME: POLING, STEVEN DALE  
NUMBER: 354706  
D.O.B.: 07/15/1987

**WEXFORD 000131**

**CONSULTATION**

**SITE: MCIH**

**COMPLETED BY: Emily Staub, PA 08/25/2011 6:56 AM**

**Patient: STEVEN POLING**

**ID#: 354706**

**DOB: 07/15/1967**

**3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):**

*For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.*

**Procedure/Test Requested: Evaluation and treat**

**Specialty Service Requested: Physical Therapy**

**Presumed Diagnosis:**

**Cervicgia  
HYPERLIPIDEMIA**

**723.1  
272.2**

**Signs & Symptoms:**

**Date of Onset:**

43 y/o WM who reports pain in the left side of his neck that shoots down his left arm. He reports daily headaches well. He reports this pain is constant. He describes the pain as sharp. He reports an injury about 3 years ago he was kicked in the back of the head and neck. Dr. Olney reported the ortho consult was declined a couple months ago reports ibuprofen dulls the symptoms. He reports neurontin, baclofen, indomethacin, and nortriptyline has not helped the past. He reports numbness and tingling in the left arm which is constant. He reports weakness in the left arm decreased grip strength. He reports he uses one arm to dress, shower and feed himself because of the pain and weakness in the left arm.

**Exam - FROM** of the cervical spine noted with tenderness, no spasm; upper ext muscle strength is 4/5 on the left 5/5 on the right, no muscle atrophy noted; unable to fan 3rd, 4th and 5th fingers in the left hand; sensation is decreased on the left when compared to the right, reflexes normal

**Lab & Xray Data:**

8/4/10 C Spine Interpretation: There is no evidence of an acute fracture, dislocation or subluxation. Concave inferior and superior end plates of C3-C7 unchanged. Alignment intact.

**Site Medical Provider: Emily Staub PA**

**08/22/2011**

**Copy this form and paste in an email and send form to designated reviewer**

**NAME: POLING, STEVEN DA  
NUMBER: 354  
D.O.B.: 07/15/1**

**WEXFORD 000132**

**CONSULTATION**

**SITE: MCH**

**COMPLETED BY: Emily Staub, PA 08/25/2011 8:56 AM**

(For UM use only)

Criteria Source: M & R Interqual Other  
Criteria met: Yes No Deferred

Reviewer comments:

Recommendation for visit appointment:

# Visits:

UM Review #:  
Reviewer Name:  
Date Reviewed:

*Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If serv not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if serv still necessary and appropriate.*

NAME: POLING, STEVEN D  
NUMBER: 354  
D.O.B.: 07/15/1

**WEXFORD 000133**



**MARYLAND DPSCS  
VERBAL ORDER APPROVAL**

**FACILITY:**

**SITE: MCIH**

**COMPLETED BY: Emily Staub, PA on 08/25/2011**

The consult was discussed with utilization management on 8/24/11 and approved.

**NAME: POLING, STEVEN DALE.  
NUMBER:  
D.O.B.: 07/15/1967**

**WEXFORD 000134**

**CONSULTATION**

**SITE: MCIM**

**COMPLETED BY: Emily Staub, PA 11/01/2011 8:40 AM**

**Patient: STEVEN POLING**

**ID#: 354705**

**DOB: 07/15/1967**

**3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):**

*For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.*

**Procedure/Test Requested: Evaluation (ERD: 5/12/2033)**

**Specialty Service Requested: Physiatry**

**Provider: Dr. Shelton**

**Presumed Diagnosis:**

**Cervicalgia**

**723.1**

**Signs & Symptoms:**

**Date of Onset:**

44 y/o WM who reports continued neck pain for the past 3 years despite being on the indomethacin and Neurontin. He reports the pain is getting worse and he has trouble walking at times. He reports he feels drunk. He reports numbness in the left arm and hand. He reports weakness of the upper extremity with the left being worse than the right. He reports the pain is constant and shoots down his left arm x 3 years. He reports daily headaches as well. He reports an injury about 3 years ago he was kicked in the back of the head and neck. He reports ibuprofen dulls the symptoms. He reports neurontin, baclofen, indomethacin, and nortriptyline has not helped in the past. He reports difficulty showering due to the pain.

**Musculoskeletal:**

FROM of the cervical spine noted with tenderness and spasm; upper ext muscle strength is 4/5 on the left and 5/6 on the right, no muscle atrophy noted; unable to fan 3rd, 4th and 5th fingers in the left hand.

**Neurological:**

Alert and oriented X 3, Grossly normal intellect.

Biceps deep tendon reflex is 2+ bilaterally.

Brachioradialis deep tendon reflex is 2+ bilaterally.

Triceps deep tendon reflex is 2+ bilaterally.

Comments: sensation is decreased on the left when compared to the right

**Lab & Xray Data:**

8/4/10 C Spine Interpretation: There is no evidence of an acute fracture, dislocation or subluxation. Concave inferior end plates of C3-C7 unchanged. Alignment intact.

**NAME: POLING, STEVEN DA  
NUMBER: 354  
D.O.B.: 07/15/1**

**WEXFORD 000161**

**CONSULTATION**

**SITE:** MCIH

**COMPLETED BY:** Emily Staub, PA      11/01/2011 8:40 AM

**Failed Outpatient Therapies:**

Physical Therapy, Neurontin, Amitriptyline, Indomethacin, Tylenol.

**Enrolled in Chronic Care Clinic(s)?** No

**Site Medical Provider:** Emily Staub PA      11/01/2011

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(For UM use only)

**Criteria Source:** M & R      Interqual      Other  
**Criteria met:** Yes      No      Deferred

**Reviewer comments:**

**Recommendation for visit appointment:**

**# Visits:**

**UM Review #:**

**Reviewer Name:**

**Date Reviewed:**

*Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service still necessary and appropriate.*

NAME: POLING, STEVEN DA  
NUMBER: 354  
D.O.B.: 07/15/1

**WEXFORD 000162**

**MARYLAND DPSCS  
VERBAL ORDER APPROVAL**

**FACILITY:**

**SITE: MCIH**

**COMPLETED BY: Kevin McDonald, PA on 11/02/2011**

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Consult presented and case reviewed by Utilization Management. Consult approved for psychiatry.

**NAME: POLING, STEVEN DALE.  
NUMBER:  
D.O.B.: 07/15/1967**

**WEXFORD 000165**

**CONSULTATION**

**SITE: MCIH**

**COMPLETED BY: Emily Staub, PA 12/07/2011 11:38 AM**

**Patient: STEVEN POLING**

**ID#: 354705**

**DOB: 07/15/1967**

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compaol, etc.):

*For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.*

**Procedure/Test Requested: MRI of C-Spine**

**Specialty Service Requested: Radiology**

**Provider: BSH**

**Presumed Diagnosis:**

Cervicgia

723.1

**Signs & Symptoms:**

**Date of Onset:**

44 y/o WM who reports continued neck pain for the past 3 years despite being on the Indomethacin and Neurontin. He reports the pain is getting worse and he has trouble walking at times. He reports he feels drunk. He reports numbness in the left arm and hand. He reports weakness of the upper extremity with the left being worse than the right. He reports the pain is constant and shoots down his left arm x 3 years. He reports daily headaches as well. He reports an injury about 3 years ago he was kicked in the back of the head and neck. He reports ibuprofen dulls the symptoms. He reports neurontin, baclofen, indomethacin, and nortriptyline has not helped in the past. He reports difficulty showering due to the pain.

The patient was seen by Dr. Shelton on 12/5/11 and diagnosed the patient with cervical radiculitis and paresthesias. He is to try Neurontin 300 mg, PT, and Baclofen 10 mg. Dr. Shelton reports that if this does not work then to consider ESI and cervical MRI. He is to then f/u in 6-8 weeks. The patient has already been on Baclofen and Neurontin without improvement. He has also tried PT without improvement.

**Lab & Xray Data:**

8/4/10 C Spine Interpretation: There is no evidence of an acute fracture, dislocation or subluxation. Concave inferior end plates of C3-C7 unchanged. Alignment intact.

**Site Medical Provider: Emily Staub PA**

**12/07/2011**

**Copy this form and paste in an email and send form to designated reviewer**

**NAME: POLING, STEVEN DA  
NUMBER: 354  
D.O.B.: 07/15/1**

**WEXFORD 000177**

**CONSULTATION**

**SITE: MCIH**

**COMPLETED BY: Emily Staub, PA 12/07/2011 11:38 AM**

**(For UM use only)**

**Criteria Source: M & R Interqual Other**  
**Criteria met: Yes No Deferred**

**Reviewer comments:**

**Recommendation for visit appointment:**

**# Visits:**

**UM Review #:**  
**Reviewer Name:**  
**Date Reviewed:**

*Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service still necessary and appropriate.*

**NAME: POLING, STEVEN DA**  
**NUMBER: 354**  
**D.O.B.: 07/15/11**

**WEXFORD 000178**

**CONSULTATION**

**SITE:** MCIH

**COMPLETED BY:** Emily Staub, PA      **12/07/2011 11:44 AM**

**Patient:** STEVEN POLING

**ID#:** 354705

**DOB:** 07/15/1967

**3rd Party Insurance:** (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

*For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.*

**Procedure/Test Requested:** Cervical Epidural steroid Injection

**Specialty Service Requested:** Physiatry

**Provider:** BSH - Dr. Shelton

**Presumed Diagnosis:**

Cervicalgia

723.1

**Signs & Symptoms:**

**Date of Onset:**

44 y/o WM who reports continued neck pain for the past 3 years despite being on the indomethacin and Neurontin. He reports the pain is getting worse and he has trouble walking at times. He reports he feels drunk. He reports numbness in the left arm and hand. He reports weakness of the upper extremity with the left being worse than the right. He reports the pain is constant and shoots down his left arm x 3 years. He reports daily headaches as well. He reports an injury about 3 years ago he was kicked in the back of the head and neck. He reports ibuprofen dulls the symptoms. He reports neurontin, baclofen, indomethacin, and nortriptyline has not helped in the past. He reports difficulty showering due to the pain.

The patient was seen by Dr. Shelton on 12/6/11 and diagnosed the patient with cervical radiculitis and paresthesias. He is to try Neurontin 300 mg, PT, and Baclofen 10 mg. Dr. Shelton reports that if this does not work then to consider ESI and cervical MRI. He is to then fu in 6-8 weeks. The patient has already been on Baclofen and Neurontin without improvement. He has also tried PT without improvement.

**Lab & Xray Data:**

8/4/10 C Spine Interpretation: There is no evidence of an acute fracture, dislocation or subluxation. Concave inferior end plates of C3-C7 unchanged. Alignment intact.

**Site Medical Provider:** Emily Staub PA

**12/07/2011**

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**NAME:** POLING, STEVEN DA  
**NUMBER:** 354  
**D.O.B.:** 07/15/1

**WEXFORD 000179**



**CONSULTATION**

**SITE: MCIH**

**COMPLETED BY: Emily Staub, PA 12/07/2011 11:44 AM**

**(For UM use only)**

**Criteria Source: M & R    Interqual    Other**  
**Criteria met: Yes    No    Deferred**

**Reviewer comments:**

**Recommendation for visit appointment:**

**# Visits:**

**UM Review #:**  
**Reviewer Name:**  
**Date Reviewed:**

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**NAME: POLING, STEVEN D**  
**NUMBER: 354**  
**D.O.B.: 07/15/1**

**WEXFORD 000180**



**ADDENDUM TO ENCOUNTER**

**SITE: MCIH**

**COMPLETED BY: Emily Staub, PA 12/20/2011 8:12 AM**

Case discussed during collegial on 12/14/11 and consult was deferred at this time. They are wanting the patient to have PT with traction first. If this is not capable on-site, he will need to be seen off-site at BSH for this.

NAME: POLING, STEVEN DALE  
NUMBER: 354705  
D.O.B.: 07/16/1987

**WEXFORD 000181**

**ADDENDUM TO ENCOUNTER**

**SITE: MCH**

**COMPLETED BY: Emily Staub, PA 02/15/2012 2:12 PM**

The consult was discussed with utilization management on 2/15/2012 and deferred at this time. They are requesting for the patient to be examined by Dr. Ali and if he agrees then to represent this patient in collegial.

NAME: POLING, STEVEN DALE  
NUMBER: 364706  
D.O.B.: 07/15/1967

**WEXFORD 000223**

**MARYLAND DPSCS  
VERBAL ORDER APPROVAL**

**FACILITY:**

**SITE: MCIH**

**COMPLETED BY: Kevin McDonald, PA on 02/22/2012**

Consult presented and reviewed with Utilization Management. Consult approved for MRI brain w and w/o contrast

**NAME: POLING, STEVEN DALE  
NUMBER:  
D.O.B.: 07/15/1967**

**WEXFORD 000226**

## CONSULTATION

SITE: MCIH INF

COMPLETED BY: Sadik Ali, MD 02/27/2012 10:28 AM

Patient: STEVEN POLING

ID#: 354705

DOB: 07/16/1967

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

*For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.*

Procedure/Test Requested: Direct Admit, evaluate &amp; manage accordingly; R/O Multiple sclerosis.

Specialty Service Requested: BSH, Direct admit; Transportation by county medical.

Provider: Dr. Alnafu

Initial Visit or F/U? Initial Visit

Presumed Diagnosis:

Quadripleg/quadruparesis

3440

Hepatitis C viral w/o hepatic coma

070.5

Signs &amp; Symptoms:

Date of Onset:

A 44 y/o WM, with progressive weakness of all extremities with tingling pain of few months; the last 3 days, got w to the point unable to stand and perform his ADL, ended up been admitted to the infirmary; upon my evaluation he has quadriplegia, hyperreflexia & up going plantars; Direct admit to BSH, for further evaluation & management in. Contacted Dr. Alnafu; discussed the case, to be evaluated by Neurologist, to R/O Multiple sclerosis, and transfer there by County Medical.

Lab &amp; Xray Data:

As per EPHR

Failed Outpatient Therapies:

YES

Enrolled in Chronic Care Clinic(s)? Yes

Site Medical Provider: Sadik Ali, MD

02/27/2012

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NAME: POLING, STEVEN DA  
NUMBER: 354  
D.O.B.: 07/16/1

WEXFORD 000262

**CONSULTATION**

**SITE: MCIH INF**

**COMPLETED BY: Sadik Ali, MD 02/27/2012 10:26 AM**  
(For UM use only)

Criteria Source: M & R      Interqual      Other  
Criteria met: Yes      No      Deferred

**Reviewer comments:**

**Recommendation for visit appointment:**

**# Visits:**

**UM Review #:**

**Reviewer Name:**

**Date Reviewed:**

*Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If serv not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if serv still necessary and appropriate.*

NAME: POLING, STEVEN DA  
NUMBER: 354  
D.O.B.: 07/15/11

**WEXFORD 000263**